



DISABILITY SERVICES
OFFICE OF STUDENT AND COMMUNITY LIFE
REQUEST FOR ACCOMMODATIONS FORM

1325 N. College Avenue, Claremont, CA. 91711 • Ph. (909) 447-2590 • Fax (909) 447-6378

*Please submit completed forms and attachments to
The Office of Student and Community Life/Disability Services*

Today's Date: _____

STUDENT INFORMATION

Name: _____ Email: _____ @cst.edu

Phone: (Home) _____ (Cell) _____

Date of Birth: _____

ACADEMIC INFORMATION

Enrollment Date: _____ Degree Program _____

Advisor: _____

Anticipated Graduation Date: _____

MEDICAL INFORMATION

Disability Diagnosis: _____

Disability is: Permanent Temporary

If temporary, please explain: _____

Functional/Educational Limitations: _____

NATURE OF DISABILITY

What is the nature of your disability(ies)? (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Attention Deficit/Hyperactivity Disorder | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Chronic Health Disorder | <input type="checkbox"/> Mobility Impairment |
| <input type="checkbox"/> Psychological Impairment | <input type="checkbox"/> Other |
-

ACCOMMODATION HISTORY (i.e. undergrad. employment or previous graduate work):

ACCOMMODATIONS REQUESTED

- The above information is strictly confidential, and will only be discussed as is necessary to insure the appropriate accommodations for each student.
- Please note that accommodation, even when it involves additional time on assignments, does not include an Incomplete. This accommodation applies to assignment deadlines that are set within a semester. Incompletes are only designed for situations where circumstances that are unexpected, as well as unavoidable, make it impossible to complete work for a course within a semester. If such a situation occurs, whether it is related to a disability or not, students may request an Incomplete from the professor. However, the Incomplete should be based on the unexpected circumstance, not routine accommodation.
- Student files will be retained for five years after graduation or the last date of attendance. Incomplete files will be kept for one year from the original of intake.

Student Signature: _____ Date: _____

Disability Officer Signature: _____ Date: _____